

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/531638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8		2				
9	1		1			
10		1				
11						
12						
13						
14						
15						
16		2				
17		1				
18						
19		2				
20	1		1			
21	1		1			
22		2				
23	2		1			
24		1				
25		1				
26		1				
27		1				
28						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	28	←	23	←		
TOTAL CLAIMS	32	[REDACTED]	27	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]